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**PASSAIC VALLEY SEWERAGE COMMISSIONERS**  
**APPLICATION FOR A SEWER USE PERMIT**

INDUSTRIAL 120-2223  
 8110 8115 8120 8205  
 DEC 31 2003

**SECTION A**

1. Company Name: Brown Chemical Co., Inc.
2. Permit Number if applicable: 27220007-1
3. Location: 195 Keen Street/181 Warren Street  
Paterson, NJ 07524 Zip Code: \_\_\_\_\_
4. Mailing Address: PO Box 440  
Oakland, NJ 07436 Zip Code: \_\_\_\_\_
5. Person to contact concerning information provided in this application:  
 Name of Contact Official: Douglas Brown  
 Title: President Phone No.: 201-337-0900  
 Address: PO Box 440, Oakland, NJ 07436 Zip code: \_\_\_\_\_
6. Number of Employees – Full Time: 21 Part Time: 1  
 Number of Work Days Per Year: 251  
 Number of Shifts Per Day: 1
7. If property is owned indicate block and lot number(s): \_\_\_\_\_  
 Assessed Value: \_\_\_\_\_
8. If property is rented indicate name and address of owner:  
Brown Realty Company, Inc.,  
PO Box 440  
Oakland, NJ 07436
- Total square feet rented: All (approx. 30,000 Sq. Ft)
9. List NJPDES Permit Number if applicable, None and  
 Name of receiving Body of Water entered N/A

004

92,726.†  
89,261.†  
111,078.†  
113,574.†  
406,639.\*

004

18,754.†  
346,795.†  
5,290.†  
35,800.†  
406,639.\*

**SECTION B****WATER DATA****10. Water Source: (Circle all appropriate answers)**

Purchased

☒ Y - ☐ N

Well

☐ Y - ☒ N

If Y, is it metered

☐ Y - ☐ N

River

☐ Y - ☒ N

If Y, is it metered

☐ Y - ☐ N**11. Name of purchased water supplier:** Passaic Valley Water CommissionList all Account #'s: 117803-86370, 24709-105580, 24707-105578, 124897-105582, 124271-86368**12. Water Received: From Mo. 12 Yr. 2002 Through Mo. 11 Yr. 2003**

(\* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 <sup>st</sup> Qtr.	92,726*	0	0	92,726*
2 <sup>nd</sup> Qtr.	89,261*	0	0	89,261*
3 <sup>rd</sup> Qtr.	111078*	0	0	111078*
4 <sup>th</sup> Qtr.	113,574*	0	0	113,574*

**GRAND TOTAL** 406,639\*

Report in gallons

**13. Water Use and Disposition (\*Next to a figure means it is estimated).**

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	18,754*	0	
Process waste water	346,795*	0	
Cooling water	0	0	
Evaporation			5,290*
Contained in the product			35,800*
Other (describe)			0

**GRAND TOTAL** 406,639\*

**SECTION B (continued)**

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer

Y ☐ N ☐

To the Combined Sewer

☐ Y ☐ N ☐

To the Storm Sewer

Y ☐ N ☐

River or Ditch

Y ☐ N ☐

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled
None			

**SECTION C****OPERATIONAL CHARACTERISTICS**

16. Discharge of Industrial Waste is continuous \_\_\_\_\_

or ☐ intermittent ☐

1.5

each operating day.

If the discharge is intermittent, it occurs between the following hours: 6:00 AM - 2:30 PM

17. Brief description of Manufacturing or other activity performed: \_\_\_\_\_

Repackaging of bulk chemicals and drum washing

List SIC CODE #: 5169

18. Principal Raw Materials used: Acid & bases

19. Principal Products or Services: \_\_\_\_\_

Wholesale chemical distribution - resale of acids, bases &amp; related products

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc.

Include variations in product lines which affect waste characteristics: \_\_\_\_\_

None

Does this facility shutdown for vacation(s)? No If so, is it basically the same time each year. \_\_\_\_\_ Provide dates usually shutdown \_\_\_\_\_

### **SECTION D**

#### **MONITORING**

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet 27220007-1

Collect, adjust pH & release

Outlet \_\_\_\_\_

Outlet \_\_\_\_\_

22. Sampling information:

<b><u>Outlet</u></b>	<b><u>Contains Industrial Waste</u></b>	<b><u>Sampler Type</u></b>	<b><u>Refrigerated</u></b>
27220007-1	Yes	Valve	Yes

**SECTION D (continued)****23. Volume Information:**

<u>Outlet</u>	<u>Daily Flow (Gallons)</u>	<u>Metered (Y - N)</u>	<u>Type</u>	<u>Date</u>
27220007-1	1,000 - 3,000	N		

**24. Frequency of calibration of each flow meter: Weekly****25. Attach plot plan of the property showing:**

- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

**SECTION E****ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 27220007-1

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
Code	Parameter	Value	Code	Parameter	Value
0200*	Radioactivity (PL-1)		1097*	Antimony (Sb)	
0500	Total Solids	49.0 mg/L	1002*	Arsenic (As)	
0505	Volatile Solids	133.0 mg/L	1022*	Boron (B)	
0530	Total Suspended Solids	< 4.0 mg/L	1027	Cadmium (Cd)	< 0.005 mg/L
0540	Volatile Suspended Solids	4.0 mg/L	1034*	Chromium Total (Cr)	
0555	(1)(3) Petroleum Hydrocarbons	< 1.00 mg/L	1042	Copper (Cu)	< 0.02 mg/L
0310	Biochemical Oxygen Demand (BOD)	< 2.00 mg/L	1045*	Iron (Fe)	
			1051	Lead (Pb)	0.250 mg/L
0340	Chemical Oxygen Demand (COD)	< 4.00 mg/L	0720*(3)	Cyanide (Cn)	< 0.020 mg/L
			1900	Mercury (Report to 0.XXX)	ND <del>0.500</del>
0680	Total Organic Carbon (TOC)	5.0 mg/L	1067	Nickel (Ni)	ND <del>10.0</del>
			1147*	Selenium (Se)	
9000	pH(standard unit range)	7.78	1077*	Silver (Ag)	
0610	(1) Ammonia as N	ND <del>0.10</del>	1102*	Tin (Sn)	
0550	(1)(3) Total Oil & Grease	< 5.0 mg/L	1092	Zinc (Zn)	0.043 mg/L
0745*	(1) Sulfide		2730	Phenol	ND <del>0.05</del>
0507*	(1) Ortho Phosphates as P		4053*	Pesticides (Report to 0.XXX)	
0625*	(1) Kjeldahl N as N				
9998*	(2)(3) TTO (Report to 0.XXX)		9999*(3)	TTVO (Report to 0.XXX)	

## FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.
- (\*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions.
- (3) Grab sample required

Rev: 1/87  
8/89  
7/90  
9/94  
8/95  
11/95  
07/98

**SECTION E (continued)**Samples collected by: Brown Chemical

Date: \_\_\_\_\_

Sample analyzed by: Analytical Testing LaboratoriesDate: 11/04/2003Products being manufactured when sample was collected: Normal packaging operations

27. Who performs the analyses of the samples for User Charge? \_\_\_\_\_

Analytical Testing LaboratoriesKenilworth, NJ 0703328. Is the Laboratory certified by NJDEP to conduct all the analyses? ☒ Y ☐ N \_\_\_\_\_Certification # 20477

29. Who performs the analyses of the samples for the Pretreatment Parameters? \_\_\_\_\_

Analytical Testing LaboratoriesKenilworth, NJ 07033

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses? \_\_\_\_\_

☒ Y ☐ N \_\_\_\_\_

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 &amp; 3 is present in your discharge.

**SECTION F****PRETREATMENT**

32. Industrial Category: N/A  
Subpart (s): \_\_\_\_\_
33. Compliance date(s): N/A
34. Is facility in compliance? Yes If not, and if compliance date has passed, explain actions being taken to get into compliance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
35. Date Baseline Monitoring Report (BMR) submitted to PVSC: June 1995
36. Compliance schedule submitted: N/A  
If yes is facility on schedule? \_\_\_\_\_ Explain if compliance date will not be met: \_\_\_\_\_  
\_\_\_\_\_
37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?  
If yes, describe N/A
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?  
If yes, describe Yes, NJ DPCC/DCR Plan
39. Has NJDEP or EPA ever cited this facility for a violation of State or Federal Regulations for the nature of its wastewater discharge? ☒ Y ☐ N \_\_\_\_\_
40. Is this facility under an ISRA Clean up? No If so, has a plan been approved by NJDEP: \_\_\_\_\_  
  
Is there any plan to discharge groundwater? Not at this time  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION\*:**

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: \_\_\_\_\_

Douglas Brown

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
President

TITLE: \_\_\_\_\_

12/30/03  
DATE

Douglas A Brown  
SIGNATURE

**\*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:**

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

**TABLE 1 EPA PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene			X		2,4 dimethylphenol			X	
acrolein			X		2,4 dinitrotoluene			X	
acrylonitrile			X		2,6 dinitrotoluene			X	
benzene			X		1,2 diphenylhydrazine			X	
benzidine			X		ethylbenzene			X	
carbon tetrachloride (tetrachloromethane)			X		fluoranthene			X	
chlorobenzene			X		4-chlorophenyl phenyl ether			X	
1,2,4-trichlorobenzene			X		4-bromophenyl phenyl ether			X	
hexachlorobenzene			X		bis(2-chloroisopropyl) ether			X	
1,2 dichloroethane			X		bis(2-chloroethoxy) methane			X	
1,1,1 trichloroethane			X		methylene chloride(dichloromethane)			X	
hexachloroethane			X		methyl chloride (chloromethane)			X	
1,1,dichloroethane			X		methyl bromide (bromomethane)			X	
1,1,2 trichloroethane			X		bromoform(tribromomethane)			X	
1,1,2,2 tetrachloroethane			X		dichlorobromomethane			X	
chloroethane			X		trichlorofluoromethane			X	
bis(chloromethyl) ether			X		dichlorodifluoromethane			X	
Bis(2 chloroethyl) ether			X		chlorodibromomethane			X	
2-chloroethyl vinyl ether mixed			X		hexachlorobutadiene			X	
2-chloronaphthalene			X		hexachlorocyclopentadiene			X	
2,4,6, trichlorophenol			X		isophorone			X	
parachlorometa cresol			X		naphthalene			X	
Chloroform (trichloromethane)			X		nitrobenzene			X	
2 chlorophenol			X		2-nitrophenol			X	
1,2, dichlorobenzene			X		4-nitrophenol			X	
1,3, dichlorobenzene			X		2,4-dinitrophenol			X	
1,4, dichlorobenzene			X		4,6 dinitro-o cresol			X	
3,3, dichlorobenzidine			X		N-nitrosodimethylamine			X	
1,1,dichloroethylene			X		N-nitrosodiphenylamine			X	
1,2 trans-dichloroethylene			X		N-nitrosodi-n-propylamine			X	
2,4,dichlorophenol			X		pentachlorophenol			X	
1,2, dichloropropane			X		phenol			X	
1,3, dichloropropylene			X						
(1,3 dichlor propenc)			X						

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

**TABLE 1 EPA PRIORITY POLLUTANTS (continued)****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate			X		endrin			X	
butylbenzylphthalate			X		endrin aldehyde			X	
di-n-butylphthalate			X		heptachlor			X	
di-n-octylphthalate			X		heptachlor (epoxide)			X	
diethylphthalate			X		BHC Alpha			X	
dimethylphthalate			X		BHC Beta			X	
benzo(a)anthracene			X		BHC Gamma			X	
benzo(a)pyrene			X		BHC Delta			X	
3,4 benzofluoranthene			X		PCB1242			X	
benzo(k) fluoranthene			X		PCB1254			X	
chrysene			X		PCB1221			X	
acenaphthylene			X		PCB1232			X	
anthracene			X		PCB1248			X	
benzo(ghi)perylene			X		PCB1260			X	
fluorene			X		PCB1016			X	
phenanthrene			X		toxaphene			X	
dibenzo (a,h) anthracene			X		antimony (total)			X	
indeno (1,2,3-c,d) pyrene			X		arsenic (total)				X
pyrene			X		asbestos (fibrous)			X	
tetrachloroethylene			X		beryllium (total)			X	
toluene			X		cadmium (total)	X			
trichloroethylene			X		chromium (total)				X
vinyl chloride			X		copper (total)	X			
aldrin			X		cyanide (total)				X
dieldrin			X		lead (total)	X			
chlordane			X		mercury (total)				X
4,4 DDT			X		nickel (total)	X			
4,4, DDE			X		selenium (total)			X	
4,4, DDD			X		silver (total)			X	
endosulfan I			X		thallium (total)			X	
endosulfan II			X		zinc (total)	X			
endosulfan sulfate			X		2,3,7,8, tetrachlorodibenzo			X	
			X		p-dioxin			X	

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

**TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide			X		n,n-dimethyl aniline			X	
amitrole			X		3,3-dimethyl benzidine			X	
amyl alcohols			X		1,1-dimethylhydrazine			X	
aniline hydrochloride			X		dioxane			X	
anisole			X		diphenylamine			X	
auramine			X		ethylenimine			X	
benzotrichloride			X		hydrazine			X	
benzylamine			X		4,4-methylene bis (2-chloraniline)			X	
o-chloroaniline			X		4,4-methylenedianiline			X	
m-chloroaniline			X		methyl isobutyl ketone			X	
p-chloraniline			X		alpha-naphthylamine			X	
1-chloro-2-nitrobenzene			X		beta-naphthylamine			X	
1-chloro-4-nitrobenzene			X		n-methylaniline			X	
chloroprene			X		1,2- phenylenediamine			X	
chrysoidine			X		1,3- phenylenediamine			X	
cumene			X		1,4-phenylenediamine			X	
2,3-dichloroaniline			X		sudan 1 (solvent yellow 14)			X	
2,4-dichloroaniline			X		thiourea			X	
2,5-dichloroaniline			X		toluene sulfonic acids			X	
3,4-dichloroaniline			X		toluidines			X	
3,5-dichloroaniline			X		xylidines			X	
1,3-dichloropropene			X						
1,3-dimethoxybenzidine			X						

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

**TABLE 3 EPA HAZARDOUS SUBSTANCES****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acetaldehyde			X		isopropanolamine			X	
allyl alcohol			X		kelthane			X	
allyl chloride			X		kepone			X	
amyl acetate			X		malathion			X	
aniline			X		mercaptodimethur			X	
benzonitrile			X		methoxychlor			X	
benzyl chloride			X		methyl mercaptan			X	
butyl acetate			X		methyl methacrylate			X	
butylamine			X		methly parathion			X	
captan			X		mevinphos			X	
carbaryl			X		mexacarbate			X	
carbofuran			X		monoethylamine			X	
carbon disulfide			X		monomethylamine			X	
chlorpyrifos			X		naled			X	
coumaphos			X		napthenic acid			X	
cresol			X		nitrotoluene			X	
crotonaldehyde			X		parathion			X	
cyclohexane			X		phenolsulfanate			X	
2,4-D (2,4-dichlorophenoxy)			X		phosgene			X	
acetic acid			X		propagrite			X	
diazinon			X		propylene oxide			X	
dicamba			X		pyrethrins			X	
dichlobenil			X		quinoline			X	
dichlone			X		resorcinol			X	
2,2-dichloropropionic acid			X		strontium			X	
dichlorvos			X		strychnine			X	
diethylamine			X		stryrene			X	
dimethylamine			X		2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)			X	
dinitrobenzene			X		TDE (tetrachloro- diphenylethane)			X	
diquat			X		2,4,5-TP 2(2,4,5- trichlorophenoxy			X	
disulfoton			X		trichlorofon			X	
diuron			X		triethylamine			X	
epichlorohydrin			X		trimethylamine			X	
					propanoic acid			X	

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

**TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)****CHECK APPROPRIATE BOX**

<b><u>NAME</u></b>	<b><u>A</u></b>	<b><u>B</u></b>	<b><u>C</u></b>	<b><u>D</u></b>		<b><u>A</u></b>	<b><u>B</u></b>	<b><u>C</u></b>	<b><u>D</u></b>
ethanolamine			X		uranium			X	
ethion			X		vanadium			X	
ethylene diamine			X		vinyl acetate			X	
ethylene dibromide			X		xylene			X	
formaldehyde			X		xlenol			X	
furfural			X		zirconium			X	
guthion			X						
isoprene			X						

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

**SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE**

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name of the applicant for service of process and the individual to be contacted in the event of an emergency.

**SECTION ONE**

(To be completed by all applicants)

**NAME OF APPLICANT:** State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement or other official document which establishes the name of the applicants (if no such document exists, state the name the business uses):

Brown Chemical Company, Inc.

\_\_\_\_\_  
Name of Applicant

**TRADE NAME:** Identify all trade names and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

Brown Chemical

\_\_\_\_\_  
Trade Name/Fictitious Name

**BUSINESS ORGANIZATION:** Please check the appropriate box:

- |   |  |
|---|--|
| <input type="checkbox"/> Sole proprietorship    | <input type="checkbox"/> Trust                     |
| <input type="checkbox"/> Partnership            | <input type="checkbox"/> Joint Venture             |
| <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Non-Profit Corporation    |
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (describe)       |  |
- \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT PERSON:** In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Douglas Brown

Street Address: 10 Pinewood Drive

City, State & Zip Code: Ringwood, NJ 07456

Business Telephone: 201-337-0900

Emergency Telephone: Pager: 201-237-0305  
Cell: 201-615-4236

**SECTION TWO**

(To be completed only by Corporations and Limited Liability Companies)

**REGISTERED AGENT:** Identify the name and address of the Corporation's Registered Agent:

Name: Kenneth Kunzman, Esq.  
Company Name: Connell Foley LLP  
Street Address: 85 Livingston Avenue  
City, State & Zip Code: Roseland, NJ 07068

**DATE AND PLACE OF INCORPORATION/FORMATION:** Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State: New Jersey  
Date: April 1936

**DATE AUTHORIZED IN NEW JERSEY:** If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: \_\_\_\_\_

**SECTION THREE**

(To be completed only by Partnerships or Joint Ventures)

**FORM OF PARTNERSHIP:** Check One.☐

General partnership

☐

Limited Partnership

**PARTNERS:** Identify (by name, residence address, business address and daytime telephone number) each partner or joint venture. (attach additional sheets if necessary):

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_

**SECTION FOUR**

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

**FORM OF BUSINESS ORGANIZATION:** Describe how the business entity is organized and under what legal authority it was established.

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**CERTIFICATION**

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated:

12/30/2003

Signature

Douglas Brown, PresidentPrint Title & Position

1 of 13

**SUPPLEMENTAL SEWER USE APPLICATION QUESTIONNAIRE**

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY ENTITLED TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC AND N.J.S.A. 58:14-1 et. seq.

**SECTION ONE**

(To be completed by all applicants)

**NAME OF APPLICANT:** State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

Brown Chemical Company, Inc.

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Name of Applicant

**TRADE NAME:** Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

Brown Chemical

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Trade Name/Fictitious Name

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**BUSINESS ORGANIZATION:** Please check the appropriate box:

- |                                     |                     |                          |                           |
|-------------------------------------|---------------------|--------------------------|---------------------------|
| <input type="checkbox"/>            | Sole Proprietorship | <input type="checkbox"/> | Trust                     |
| <input type="checkbox"/>            | Partnership         | <input type="checkbox"/> | Joint Venture             |
| <input type="checkbox"/>            | Limited Partnership | <input type="checkbox"/> | Non-Profit Corporation    |
| <input checked="" type="checkbox"/> | Corporation         | <input type="checkbox"/> | Limited Liability Company |
| <input type="checkbox"/>            | Other (describe)    |                          |                           |

**EMERGENCY CONTACT PERSON:** In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:Name: Douglas BrownStreet Address: 10 Pinewood DriveCity, State & Zip Code: Ringwood, NJ 07456Business Telephone: 201-337-0900 Emergency Telephone: Pager: 201-237-0305  
Cell: 201-615-4236**PAST NAMES OF APPLICANT.** List all names under which the applicant has done business or held itself out to the public as doing business in the past. Include names of division, and "trading as," "doing business as," fictitious, or informal name.

<u>Name</u>	<u>From (Year)</u>	<u>To (Year)</u>
<u>Brown Chemical Co., Inc.</u>	<u>1936</u>	<u>Current</u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

**APPLICANT'S FORMER FACILITIES IN NEW JERSEY.** List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

<u>Address</u>	<u>Type of Facility</u>	<u>From To (years)</u>	<u>NJDEP regis. No. and or USEPA I.D.</u>
<u>181 Warren St., Paterson, NJ</u>	<u>Industrial</u>	<u>1936 to Current</u>	<u>N/A</u>
<u>195 Keen St., Paterson, NJ</u>	<u>Industrial</u>	<u>1936 to Current</u>	<u>N/A</u>
<u>Jelsma Street, Paterson, NJ</u>	<u>Industrial</u>	<u>1975 - 1979</u>	<u>N/A</u>

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**APPLICANT'S FACILITIES IN OTHER JURISDICTIONS.** List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>USEPA I.D. and/or any permits (nos. and name of issuing agency)</u>
None			

## SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

**REGISTERED AGENT:** Identify the name and address of the Corporation's Registered Agent:

Name: Kenneth Kunzman, Esq.

Company Name: Connell Foley LLP

Street Address: 85 Livingston Avenue

City, State & Zip Code: Roseland, NJ 07068

Telephone: 973-535-0500  
(Area Code)

**DATE AND PLACE OF INCORPORATION/FORMATION:** Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State/Country: New Jersey

Date: April 1936

Certificate of Incorporation No.: Unknown

Copy of certificate of incorporation attached? Yes ☐ No ☒

**DATE AUTHORIZED IN NEW JERSEY:** If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: \_\_\_\_\_

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**OFFICERS.** List the following information as to each Officer of the corporation. Use additional copies of this section as necessary.

**Name:** Douglas Brown **Telephone:** 201-337-0900

**Business address:** PO Box 440, Oakland, NJ 07436

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
<u>President</u>	<u>1986</u>	<u>6/24/1955</u>

**Name:** Patrick Brown **Telephone:** 201-337-0900  
(area code)

**Business address:** PO Box 440, Oakland, NJ 07436

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
<u>Vice President</u>	<u>1996</u>	<u>10/15/1957</u>

**DIRECTORS.** List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

**Name:** Douglas Brown **Telephone:** 201-337-0900  
(area code)

**Business address:** PO Box 440, Oakland, NJ 07436

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
<u>President</u>	<u>1986</u>	<u>6/24/1955</u>

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**FORMER OFFICERS AND DIRECTORS:** List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

**Name and last known address:** Marie Lyle  
Hartung Road, Wyckoff, NJ 07481

<u>Position held</u>	<u>From</u>	<u>To</u> (month/year)	<u>Date of birth</u>
<u>Secretary</u>	<u>1968</u>	<u>Retirement</u>	<u>1928</u>

### SECTION THREE

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use additional copies of this section as necessary.

**Name:** Marie Lyle

**Street Address:** Fairfield Road

**City, State & Zip Code:** Wyckoff, NJ 07481 **Bus. Phone**

**Name:** Dorothy Brown

**Street Address:** Carlton Road

**City, State & Zip Code:** Wyckoff, NJ 07481 **Bus. Phone**

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

### SECTION FOUR

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? ☐ Yes ☐ No

## Additional Pages for Officers, etc.

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**OFFICERS.** List the following information as to each Officer of the corporation. Use additional copies of this section as necessary.

**Name:** David Lyle **Telephone:** 201-337-0900

**Business address:** PO Box 440, Oakland, NJ 07436

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
<u>Vice President</u>	<u>1996</u>	<u>10/1958</u>

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
(area code)

**Business address:**

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
_____	_____	_____

**DIRECTORS.** List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

**Name:** Patrick Brown **Telephone:** 201-337-0900  
(area code)

**Business address:** PO Box 440, Oakland, NJ 07436

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
<u>Vice President</u>	<u>1996</u>	<u>10/1957</u>

Additional Page for Directors

4 of 13

**OFFICERS.** List the following information as to each Officer of the corporation. Use additional copies of this section as necessary.

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Business address:** \_\_\_\_\_

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
------------------------	-----------------------------	--------------------------

_____	_____	_____
-------	-------	-------

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
(area code)

**Business address:** \_\_\_\_\_

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
------------------------	-----------------------------	--------------------------

_____	_____	_____
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**DIRECTORS.** List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

**Name:** David Lyle **Telephone:** 201-337-0900  
(area code)

**Business address:** PO Box 440, Oakland, NJ 07436

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
------------------------	-----------------------------	--------------------------

<u>Vice President</u>	<u>1996</u>	<u>10/1958</u>
-----------------------	-------------	----------------

Additional Page, Ownership

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**FORMER OFFICERS AND DIRECTORS:** List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

Name and last known address:

Position held	From	To (month/year)	Date of birth
_____	_____	_____	_____

### SECTION THREE

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use additional copies of this section as necessary.

Name: Douglas Brown

Street Address: 10 Pinewood Drive

City, State & Zip Code: Ringwood, NJ 07456 Bus. Phone 201-337-0900

Name: Patrick Brown

Street Address: 19 Green Way

City, State & Zip Code: Mahwah, NJ 07430 Bus. Phone 201-337-0900

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

### SECTION FOUR

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? ☐ Yes ☐ No

Additional Page, Ownership

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**FORMER OFFICERS AND DIRECTORS:** List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

Name and last known address:

Position held	From	To (month/year)	Date of birth
_____	_____	_____	_____

### SECTION THREE

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use additional copies of this section as necessary.

Name: David Lyle

Street Address: 150 West Oak Street

City, State & Zip Code: Ramsey, NJ 07446 Bus. Phone 201-337-0900

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ Bus. Phone \_\_\_\_\_

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

### SECTION FOUR

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? ☐ Yes ☐ No

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**TYPE OF ASSOCIATION:**

Check One

☐ General Partnership☐ Limited Partnership☐ Joint Venture

**GENERAL PARTNERS OR JOINT VENTURERS.** List the following information as to each partner or joint venturer. Use additional copies of this section, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners."

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**LIMITED PARTNERS.** List the following information as to each limited. Use additional copies of this section as necessary.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

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**FORMER PARTNERS/JOINT VENTURERS.** List the following information as to all prior partners (general and limited) and joint venturers of the applicant during the past 10 years that are not listed above. Use additional copies of this section as necessary.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates during which individual was a partner: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone \_\_\_\_\_

Dates during which individual was a partner: \_\_\_\_\_

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

## SECTION FIVE

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

**FORM OF BUSINESS ORGANIZATION:** Describe how the business entity is organized and under what legal authority it was established.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Type (trust, trade association; estate; etc.)

Copy attached?      ☐    Yes      ☐    No

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**OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC.** List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. Use additional copies of this section as necessary.

Name: See Above

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

## SECTION SIX

### CIVIL VIOLATIONS HISTORY

(To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated.
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
- d. Any corporation of which the Applicant is a subsidiary.
- e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.

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**A. NEW JERSEY VIOLATIONS NOTICES.** List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. **Attach additional sheets if necessary.**

Name of entity cited: See attached Addendum A Date Issued: See attached Addendum A

Address of alleged violation: See attached Addendum A

Alleged violation: See attached Addendum A Type of notice: See attached Addendum A

Disposition & explanation: See attached Addendum A

Name of issuing agency: See attached Addendum A Docket No.: See attached Addendum A

**B. FEDERAL VIOLATION NOTICES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. **Use additional copies of this section as necessary.**

Name of entity cited: See attached Addendum A Date Issued: See attached Addendum A

Address of alleged violation: See attached Addendum A

Alleged violation: See attached Addendum A Type of notice: See attached Addendum A

Disposition & explanation: See attached Addendum A

Name of issuing agency: See attached Addendum A Docket no.: See attached Addendum A

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**C. NEW JERSEY MUNICIPALITIES AND COUNTIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use additional copies of this section as necessary.

Name of      See attached Addendum A  
entity cited: \_\_\_\_\_

Date      See attached Addendum A  
Issued: \_\_\_\_\_

Address of  
alleged violation:      See attached Addendum A  
\_\_\_\_\_

Alleged violation:      See attached Addendum A  
\_\_\_\_\_

Type of  
notice: \_\_\_\_\_

Disposition &  
explanation:      See attached Addendum A  
\_\_\_\_\_

Name of issuing agency:      See attached Addendum A  
\_\_\_\_\_

Docket no.:      See attached Addendum A  
\_\_\_\_\_

**D. OTHER STATES AND FOREIGN COUNTRIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use additional copies of this section as necessary.

Name of      None  
entity cited: \_\_\_\_\_

Date  
Issued: \_\_\_\_\_

Address of  
alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_

Type of  
notice: \_\_\_\_\_

Disposition &  
explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_

Docket no.: \_\_\_\_\_

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## SECTION SEVEN

## OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION

(To be completed by all applicants)

A. **OTHER JUDGMENTS.** List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. Use additional copies of this section as necessary.

Title of case:	None	Docket No.:	
Name & location of court:		Date judgment entered:	
Nature of suit:		Amt./terms of judgment:	

B. **PENDING SUITS.** List and explain all civil suits in which the applicant is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. Use additional copies of this section as necessary.

Title of case:	Bryant vs. Brown Chemical, Inc. et al	Docket No.:	PAS-L-1688-02
Name & location of court:	Superior Court of New Jersey Law Division Passaic County Court House 77 Hamilton St. Paterson, NJ	Date Filed:	Jan. 9, 2002
Nature of suit:	Personal Injury	Status:	Pending; Covered By Insurance

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**SECTION EIGHT****CRIMINAL CHARGES AND CONVICTIONS**

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

**NOTE:** You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. Use additional copies of this page as necessary.

Name of entity charged/convicted: None

Description of crime/offense charged: \_\_\_\_\_

Date Charged: \_\_\_\_\_

Jurisdiction Where Charged: \_\_\_\_\_

Indictment information,  
Complaint No., indictment No. etc., \_\_\_\_\_

Disposition (if applicable,  
sentence imposed): \_\_\_\_\_

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**CERTIFICATION**

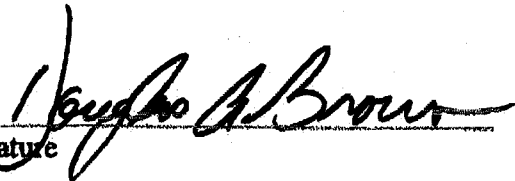
(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated:

12/30/2003

Signature



Douglas Brown, President

Print Title &amp; Position

# ADDENDUM A - TEN (10) YEAR CIVIL VIOLATIONS HISTORY

<u>Date</u>	<u>Agency</u>	<u>Violation</u>	<u>Disposition</u>
11/7/2001	OSHA	Inspection # 304025166 Personal Protective Equipment violation	Fine paid (\$875)
8/10/2000	NJ DEP	Chemical surface spill/spill prevention	Withdrawn
7/5/2000	PVSC	Section 312.1 (D) SV Petroleum Hydrocarbons	Contested & Sustained; fine paid (\$1000)
3/27/2000	Research & Special Projects Administration (RSPA)	Case # 00-367-SD-EA Offered hazardous material for transportation in unauthorized packaging	Fine Paid (\$3000)
9/22/1998	NJ DEP	Use of unpermitted filling lines/unpermitted "Source" emissions	Withdrawn
10/28/1998	OSHA	Improper Employee Training for response to chemical release; improper use of personal protective equipment	Initial citations partially abated; fines paid (\$6750)
3/21/1994	NJ DEP	Paperwork violation; failure to keep required Haz Waste manifests & reports on file for three (3) years	Fine Paid (\$2070)
6/17/1993	OSHA	Inspection # 109042648 Written Employee Safety programs violations	Several citations deleted, several reduced upon compliance & fines paid (\$2000)

**ANALYTICAL TESTING LABORATORIES**

NJDEP CERTIFICATION NO. 20477

PO BOX 368, KENILWORTH N.J. 07033 (908)241-5040 fax (908)241-5356

**ANALYSIS REPORT**

ATT: MARK DONIA TELLO  
 BROWN CHEMICAL  
 302 W OAKLAND AVENUE  
 OAKLAND, NEW JERSEY 07436

CODE NO: 20804  
 DATE RECEIVED: 11/04/03  
 DATE SENT: 12/16/03  
 SAMPLE TYPE: WATER

SAMPLE ID: WASTEWATER 11/04/03 includes sewer permit renewal

DATE	PARAMETER	RESULT	ANALYZED	UNITS	MDL	METHOD
20804-01	BOD <sub>5</sub>	< 2.00	11/10/03	mg/L	2.00	405.1
	TSS	< 4.00	11/05/03	mg/L	4.00	160.2
METALS:						
	CADMIUM	< 0.005	12/12/03	mg/L	0.005	213.1
	COPPER	< 0.02	12/12/03	mg/L	0.02	220.1
	LEAD	0.250	12/12/03	mg/L	0.025	239.1
	ZINC	0.043	12/12/03	mg/L	0.005	289.1
	Total Solids	49.0	11/07/03	mg/L	1.00	160.1
	TPHC	< 1.00	11/13/03	mg/L	1.00	418.1
	OIL/GREASE	< 5.00	11/13/03	mg/L	1.00	413.1
	Total Cyanide	< 0.020	11/11/03	mg/L	0.020	4500C
	COD	< 4.00	11/18/03	mg/L	4.00	450.1

REMARKS: MDL = METHOD DETECTION LIMIT  
 J = DETECTED BUT BELOW MDL

  
 ROSE M. KOPLIN  
 DIRECTOR

ACCREDITED LABORATORIES, INC.  
INORGANIC ANALYSIS DATA SHEET

Case #: 2678  
Sample #: 0311447  
Field ID: 20804-1  
Client Name: ATL

Matrix: Aqueous  
Date Received: 11/07/03

CAS No.	Element	Result UG/L	MDL UG/L	Dilution Factor	Method	Date Analyzed
7439-97-6	Mercury	ND	.500	1	CV	11/12/03
7440-02-0	Nickel	ND	10.0	1	P	11/12/03

ND - Element analyzed for but not detected.

P - Analyzed by ICP

CV - Analyzed by Cold Vapor

F - Analyzed by GFA

A - Analyzed by flame AA

ACCREDITED LABORATORIES, INC.  
INORGANIC ANALYSIS DATA SHEETSample #: PBW180  
Field ID: PREPBLANKMatrix: Aqueous  
Date Prepared: 11/12/03

CAS No.	Element	Result UG/L	MDL UG/L	Dilution Factor	Method	Date Analyzed
7439-97-6	Mercury	ND	.500	1	CV	11/12/03
7440-02-0	Nickel	ND	10.0	1	P	11/12/03

ND - Element analyzed for but not detected.

P - Analyzed by ICP

CV - Analyzed by Cold Vapor

F - Analyzed by GFA

A - Analyzed by flame AA

ACCREDITED LABORATORIES, INC.  
GENERAL CHEMISTRY ANALYSIS DATA

Case #: 2678  
Sample #: 0311447  
Client Name: ATL  
Field Number: 20804-1

Matrix: Aqueous  
Date Received: 11/07/03

ANALYTES	RESULTS	MDL	UNITS	DILUTION FACTOR	METHOD BLANK RESULTS MDL	ANALYSIS DATE
Nitrogen, Ammonia	ND	0.10	mg/L	1.	ND 0.10	11/14/03
Phenols, Total	ND	0.05	mg/L	1.	ND 0.05	11/19/03
Carbon, Total Organic	5.	1.	mg/L	1.	ND 1.	11/11/03
Solids, Volatile	133.	2.0	mg/L	1.	ND 2.0	11/14/03
Solids, Volatile Suspended	4.	2.0	mg/L	1.	ND 2.0	11/14/03

ANALYTICAL TESTING LABORATORIES, INC. NJDEP ID 20477  
840 COLFAX AVENUE, PO BOX 368, KENILWORTH NJ 07033-0368  
PHONE (908) 241-5040 FAX (908) 241-5356

**ADDRESS:**

**PROJECT NAME:**

**SAMPLER(S):**

NAME AND AFFILIATION

[illegible]

**REDUCED FULL STD DELIVERABLES**

**(CIRCLE ONE)**

PROPERLY PRESERVED ~~YES~~ NO

COOLER TEMP 4°C

BROWN CHEMICAL CO INC  
DOUGLAS A BROWN  
PATRICK J BROWN  
DAVID C LYLE  
P.O. BOX 440  
OAKLAND, NJ 07436-0440

0126

WCMA Working Capital  
Management Account

DATE 12/30/2003 25-80/440

PAY TO THE ORDER OF PVSC \$ 750.00

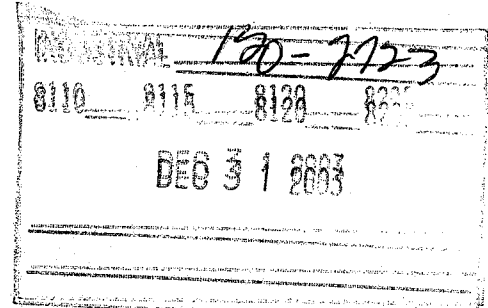
SEVEN HUNDRED FIFTY AND 00/100 DOLLARS

Merrill Lynch

BANK ONE

MEMO APPLICATION FEE Douglas A Brown

⑆044000804⑆ 041141359597⑆ 0026

***Fax Cover Page***

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**To:** Passaic Valley Sewerage  
Commissioners  
**Fax Number:** 19733444876  
**Subject:** Sewer Permit Renewal  
Application/Brown Chemical

**From:** Douglas Brown  
**Company:** Brown Chemical Co., Inc.  
**Address:** PO Box 440, 302 W. Oakland Avenue  
Oakland, NJ 07436  
**Phone:** 201-337-0900 X 123  
**Fax:** 201-337-8177  
**Email:** brownda@brownchem.com

**Date:** 12/31/2003 12:20:25 PM  
**Pages:** 43 (including cover page)

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delivered by **Domino Fax for iSeries**

Attached please find our completed Sewer Permit Renewal Application, including a photocopy of the Application Fee check.

Hard copy has been sent, certified mail, with the Application Fee check enclosed.

Please contact me directly if you have questions or need additional information in this regard.

Douglas Brown

Douglas A. Brown, President

Brown Chemical Co., Inc.

T: 201-337-0900 X 123

F: 201-337-8177

EMail: brownda@brownchem.com



pvsc.sewer\_renewal001final.pdf